

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

REGULATION AND LICENSURE

CREDENTIALING DIVISION

PO Box 94986, Lincoln, NE 68509-4986

Adult Day Services Licensure Renewal Application – Expires 07/31/2007

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

License Number: _____

RENEWAL FEES:

4-16	= \$125.00
17-50	= \$150.00
51 or above	= \$175.00

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
(Area Code) (Area Code)

E-Mail Address: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

6. TOTAL LICENSED CAPACITY: _____ (Specify Number)

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

ADDRESS: _____
(Street Address, City, State, Zip)

8. OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)

9. BUSINESS ORGANIZATION: (Check one)

- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
☐ Other (Please Specify) _____

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.”

AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

SIGNATURE

DATE